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1: Curr Opin Oncol. 1994 Jul;6(4):351-7.

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## Management of bowel obstruction in advanced cancer.

Ripamonti C.

Palliative Care Division, National Cancer Institute, Milano, Italy.

Bowel obstruction is a common and distressing outcome in patients with abdominal or pelvic cancer. Patients may develop bowel obstruction at any time in their clinical history, with a prevalence ranging from 5.5% to 42% in those with ovarian cancer and from 10% to 28.4% in those with colorectal cancer. The causes of the obstruction may be benign postoperative adhesions, a focal malignant or benign deposit, or relapse or diffuse carcinomatosis. The symptoms, which are almost always present, are intestinal colic, continuous abdominal pain, nausea, and vomiting. Although surgery should be the primary treatment for malignant obstruction, it is now recognized that some patients with advanced disease or in generally poor condition are unfit for surgery and require alternative management to relieve distressing symptoms. A number of treatment options are now available for the patient with advanced cancer who develops intestinal obstruction. In this review, the indications for surgery are examined, the use of nasogastric tube and percutaneous gastrostomy evaluated, and the pharmacologic approach described.

Publication Types:

- Review
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